RESIDENTIAL SUPPORT SERVICES

Quality Assurance Review
FY 2004

Scope of Review

This report covers the period of March 2004 through March 2005. It addresses all Residential Services as well as the Supported Retirement/ Community Integration Program offered by Residential Support Services.

GENERAL AREAS

A. ADMINISTRATIVE

Significant Events from the Agency:

-A new administrative weekend manager position was created to provide for administrative assistance and supervision on weekends.
-The showers in the bathrooms at Panners and Westchester Group Homes were remodeled to make them safer and more wheelchair accessible.
-A new supported living opportunity was created.
-A new jetted bathtub was installed in one of the apartments at Antelope II.
-A new van was obtained for North 18th Group Home.
-Weekend managers were hired for Stillwater and Westchester Group Homes.

Policies and administrative (DDP) directives

-The RSS policy manual was reviewed and found to be in substantial compliance with DDP requirements with the following findings:

-Although there was evidence that consumers in supported living services had a choice in the staff who worked with them, there was no agency policy guaranteeing this right (QAOS #1). **The newly written policy (dated 5/26/05) was received in this office on 5/26/05, and was found to adequately address this issue.**

-A commendation was given for having the consumers at Fair Park Group Home actively participate in the interviewing/ hiring process for a new group home manager (QAOS # 1-I).

-The agency did not have a policy to ensure and delineate supervision of staff (QAOS #3). See comments above for QAOS #1. **RSS has projected a completion date of June 17, 2005 to develop this policy. This finding will remain open pending receipt of an acceptable policy. Attached to this report is a copy of ARM 37.34.2111, which addresses supervision of staff, to aid in the development of the policy.**

Licensing:
-All licensed congregate living facilities were found to have current licenses. However, at Antelope I, numerous repairs were needed, and although the facility has a current license, a corrective action plan was required and is currently being addressed.

Agency internal communication systems
-Communications within the agency–both within group homes and between the main office and the group homes--were found to be somewhat inconsistent. QAOS # 3 (above) directed the agency to develop a policy to ensure supervision of staff and delineate how that is to happen. This policy should define how supervisors provide feedback to staff for on-the-job performance. On some occasions, staff indicated that they rarely received any sort of positive feedback for job performance.
-During the course of the year, we have noticed instances of disorganization and apparent inadequate communication within the agency. Examples of this include:

-Policies, group home licenses, and other paperwork being difficult to locate due to lack of organized filing systems.

-When requests were made for a response to QAOS # 10-I; a second response was received for QAOS #11-I, and contained slightly different information. This seems to indicate the agency does not have a system to track what information has already been sent.

Often phone calls are not returned, or messages delivered.

-On one occasion while QIS was at Stillwater Group Home, a sub staff arrived, stating that she had been assigned to North 18th Group Home, but wasn't needed there, so had then been sent to Stillwater. She was told that she was not needed at Stillwater, as there were already 3 staff present, and was subsequently sent to Antelope Apartments.

Fiscal
- DPHHS's audit department performed a desk review of RSS's audit on 4/5/04. While there were no findings or questioned costs the desk review did note cash deposits in excess of the federally insured limits. **A written explanation was received on 6/9/05.**
-Although there were no specific financial findings for the consumers sampled for this review, there have been a number of incidents brought to our attention by DDP Case Managers which relate to financial issues which we feel are worthy of including in this report. Specifically, it is reported that the special financial form designed for IP meetings by RSS and DDP staff to better clarify client finances, is not consistently being brought to team meetings. Case Managers are sometimes finding out at IP meetings, during the discussion, that consumers are "in the hole" financially. Both of these issues were addressed at a meeting with RSS on October 17, 2002, and followed up with a memo of

understanding dated 10/18/02. Please revisit these issues with staff. We will follow-up during the course of the year with Case Managers to see if the issues are resolved.

SPECIFIC SERVICES REVIEWED

B. RESIDENTIAL

Accomplishments
-As mentioned above, RSS remodeled the showers at Westchester and Panners Group Homes and installed a Jacuzzi-type bathtub in an apartment at Antelope II. Also, a new supported living opportunity was created.

Programmatic Deficiencies
-No significant deficiencies were noted.

Corrections of Deficiencies
-No corrective plans for deficiencies are required.

HEALTH AND SAFETY

Vehicles
- RSS has ten vehicles and maintains the vehicles in good operating condition. The maintenance program requires staff to have current driver's licenses and to take both written and actual driving tests. Maintenance is performed on vehicles at regularly scheduled intervals. As mentioned above, a new van was obtained for the North 18th Group Home.
Agency is encouraged to apply to DOT to get replacement vans.

Consumers
-On one occasion, staff at Stillwater Group Home were unable to reach administrative emergency assistance when it was felt a consumer needed medical attention (QAOS # 3-I). The agency revised its on-call policy to ensure that the cell phone is always turned on, and committed to monitoring the situation. No further problems were encountered. As part of this same incident, a commendation was offered to the staff involved for creative efforts to resolve the situation and obtain medical assistance for the consumer.(QAOS #4-I).
- Evacuation drills were reviewed for all residential sites, and it was determined that evacuation drills were conducted at regular intervals for fires as well as for a variety of other situations.
Medication Safety:

-Storage of medications and medication logs were reviewed at all congregate living sites. In all instances, medications were found to be properly stored under locked conditions. RSS policy dictates that controlled substances be stored separately from other medications, and this is a commendable practice (QAOS # 4). Medication log books were found to be up to date, and all staff who assisted with administration of medications had current certificates to do so. On the medication logs, staff are required to sign their names next to their initials, and in many instances, the signatures were impossible to decipher. We would suggest having staff print their names next to their initials, so that it is easier to determine who is actually administering medications. Written protocols were in place for consumers who receive PRN medications, and staff who were interviewed were familiar with the protocols.
-(QAOS dated 3/14/05 # 5 - Noted that a medication procedure was not posted and available in the med dispensing area. Response due (4/8/05) **Response received 3/29/05 specified that a memo had been sent to all homes regarding necessity of posting Med procedure. Acceptable response with a copy of the procedure to be used**.
-Noted that each standard group home has PRN protocol for each individual, that are well done and individual specific (QAOS dated 3/14/05 # 8).
-(QAOS dated 3/8/05 # 9) - N. 18th group home commended for individual medication sheets developed for each individual which lists their medications, how to deliver, PRN protocol, easy to read, clearly a lot of effort and thought went into their development.

Medication errors for the evaluation period were:
-During the course of the year, RSS did not submit quarterly medication error reports (QAOS #2). **A summary of medication errors was received in this office on 5/14/05. Critical medication error tracking is now included in the new Incident Management Policy, so this data can now be included in the monthly summary of incident trends submitted to the Quality Improvement Specialist.**
-(QAOS #6--dated 4/5/05). Manager at Antelope I has developed a med error reduction incentive plan. A commendation for an innovative approach to high light the necessity aiming to be error free.

Sites:
-All residential sites were visited during the course of the year and as part of this quality assurance review. All facilities were found to be acceptable and sanitary, bathing procedures for individuals who have seizures were posted for staff, and fire extinguishers and smoke alarms were in place and routinely checked.
-It was noted that Constellation Group Home does not have two accessible exits. Although this is not a licensing issue, we feel that having the doors at the back of the house accessible would make the group home a safer place to live. With a request for discretionary money, we would be willing to assist with making those

two doors at the back of the house accessible to people who use wheelchairs.
-With new paint in the living room and hallways, the interior of Fair Park looks much better that it has in the past (QAOS # 9-I).
-Lewis group home has fresh paint in the living room and kitchen and the kitchen is now finished. The family room area has been made to be more homey and comfortable. Of note at the Lewis Group Home work is underway to re-do the showers to make them accessible.
- Congratulations to Granger group home for having written house rules (QAOS dated 3/28/05 #7).
-Commendation to Antelope II for having home alone hours posted per individual so that staff can easily determine supervision needs. (QAOS sheet # 13 dated 4/20/05).

II. SERVICE PLANNING AND DELIVERY

Individual planning and implementation:
-Documentation of service and training objectives was reviewed for one person at each of the residential sites.
-For VL (Panners), implementation of objectives did not match the IP (QAOS # 12-I). **As of 4/1/05, all objectives at the group home have been changed to be consistent with the IP.**
-For DN (Constellation), implementation of objectives did not match the IP (QAOS # 10-I). **Response received 6/8/05, stating that objectives will be re-written to match the IP.**
-For BD (Westchester), as of 3/17/05, there was no documentation of objectives for the month (QAOS # 7-I). **As of 3/18/05, staff began documenting the objectives, and developed a protocol for staff to double-check the first of each month to ensure that all individuals have up-to-date objective tracking forms for the current month, which should eliminate any such problem in the future.**
- (QAOS # 14 Dated 4/20/05) (Antelope II) for developing /utilizing a form which staff use to keep track of programs that are completed on a daily basis. A good way to see at a glance what programs need to be conducted and who does them as staff initial upon completion. A good supervisory tool to see at a glance that staff have conducted programs or not.
- It was suggested at Granger that graphs should show why a program was not conducted on a given day rather than leaving blanks.
- It was noted at Granger/Lewis Group Homes that objectives that were dropped did not have a completed DDP-IP-010.
-At Westchester, staff were given a commendation for developing forms for documenting objectives, leisure and recreational activities, and evacuation drills and for organizing all forms in binders where information was easy to retrieve (QAOS # 8-I).

Leisure/Recreation
-Documentation of leisure and recreation activities was reviewed at each program location. Although the data shows that the contracted requirements of one leisure activity per day and one recreational activity per week are being met, there did not seem to be much variety in the types of activities being offered . Staff at some homes expressed frustration with not being able to get out into the community as much as previously for recreational outings due to a lack of a van for the home. New vehicles have since been purchased.
-(QAOS sheet # 15 dated 4/20/05--Antelope II) commendation for having developed a list of leisure ideas for staff to help them select an appropriate staff assisted leisure activity.

Client Rights
-For DN (Constellation), the front door has an alarm, the garage door is locked, and the food is kept locked up due to the behaviors of another individual, yet no rights restrictions were found (QAOS # 11-I). **Appropriate Rights Restrictions are being written and sent for approvals as of 4/27/05.**

Medical/health care
-RSS assures that all staff are certified to administer medications to consumers. No deficiencies were noted throughout the year nor as part of this review.
-Staff at Constellation are commended for providing excellent support for DN as he recovered from eye surgery.

Emotionally Responsible Care Giving
-During random drop-in visits throughout the course of the year and as part of this Quality Assurance Review, staff were observed to be involved with consumers in an emotionally responsible manner. A concept that enhances staff morale is that staff are told by word and deed that they are doing a good job and are appreciated is occurring at Antelope II. The manager there consistently communicates to staff that their work is valued. She brings in treats occasionally, leaves notes, of thanks utilizes many miscellaneous ways of letting her staff know their efforts are appreciated.. This practice adheres to the notion that a way to avoid abuse and enhance care giving is by and "Taking care of the people that take care of the people" which is a basic premise in emotionally responsible care giving .

Consumer surveys and Agency Consumer satisfaction surveys:
Consumer surveys were reviewed for all individuals in the sample, with no problems noted.
-The guardian of VL (Panners), related that she was thrilled with the services VL is receiving, and stated that VL is happier and doing better than she has ever done, and a commendation to staff at Panners was written (QAOS # 6-I).

III. STAFFING

Screening/Hiring

-RSS is commended for requiring drug testing for all new employees and for performing random drug testing of 10% of employees on a quarterly basis.

-Personnel files for new hires were reviewed, and all were found to contain criminal background checks.

Orientation/Training

Documentation of staff attendance and receipt of orientation training was available for the six new hires whose files were reviewed.

Ratios

-Staff to client ratios were checked at various times and days of the week on a monthly basis throughout the year, and with the following exceptions, were always found to be within contracted ratios:

- QAOS sheet dated 11/17/04 - Staff to client ratio not met N. 18th. Group home. **Acceptable response received within time frame 11/23/04.**

-QAOS sheet dated 7/15/04 - Staff to client ratio not met at the Lewis Group Home. **Acceptable response received within time frame 7/22/04.**

-During the course of this review, however, there were some observations regarding staffing that are worthy of note. At Westchester and Stillwater, there were 2 staff and 3 staff respectively at each group home at 2 PM, which is at least an hour before any consumers come home, and at Fair Park, there were 3 staff and 5 consumers in the home at 6 AM. Having homes overstaffed and having staff at the group home when nobody is home seems to be an inefficient use of staff time, and we encourage the agency to analyze the group home staffing patterns in order to make better use of resources.

Staff Surveys

-At least one staff was interviewed at each program site. In general, staff were able to give satisfactory answers to the questions contained in the staff survey tool. However, staff did seem to be a bit confused on the use of emergency procedures and what procedures are allowed in instances of aggressive behaviors. The state policy regulating the use of emergency procedures is covered in the Policies section of DDCPT, so those staff who take the full curriculum are made aware of the policy, but it would be good for all staff to know the circumstances which constitute emergencies and what procedures may be used.

IV. INCIDENT MANAGEMENT

Adult Protective Services

-July 2, 2004: Allegation of emotional and physical abuse of BG (Westchester GH). The Billings Police Department was also included in the investigation. APS concluded in their summary report that physical abuse was not indicated but that psychological abuse had occurred and that adult maltreatment was indicated. APS recommended that staff receive appropriate disciplinary action and that Westchester staff receive more in-depth training to implement BG's Behavior Support Plan. Both these recommendations have been addressed by RSS. I personally participated in the training; the group home manager was terminated and two other staff were re-assigned to work in other homes with supervision.

-August 13, 2005: Allegation of medical neglect and physical abuse of DN (Constellation). APS concluded adult maltreatment did not occur, but had three recommendations that have been satisfactorily addressed by RSS.

-August 25, 2004: Allegation of psychological abuse of MB (Stillwater). APS concluded that adult maltreatment did not occur, and had no recommendations.

-November 10, 2004: Allegation of medical neglect of KR (20th St. apartment). APS concluded that maltreatment did not occur, and offered 2 recommendations, both of which were both satisfactorily addressed by RSS.

-January 25, 2005: Commendation was given to the staff at Stillwater for prompt attention to securing evidence and reporting to proper authorities (APS and law enforcement) when it was suspected MS may have been sexually abused while on a home visit (QAOS # 5-I).

-February 14, 2005. Allegation - physical neglect of LRC (N.18th GH). APS finding: closed without findings. Recommendations offered by APS are being addressed by RSS.

-February 14, 2005. Allegation - psychological abuse of BS (N.18th GH). APS conclusion: closed without findings. Recommendations offered by APS are being addressed by RSS.

-March 21, 2005: Allegation of unauthorized use of restraint with DL (Stillwater). APS concluded that maltreatment did not occur, and offered one recommendation as the result of the investigation. Response due from RSS on 4/14/05. **Response received 6/7/05. Staff to client ratio increased during early morning hours to address recommendation contained in the report. Appenedix I to contract has been amended to reflect the change.**

Incident Reporting

- RSS has a good record of reporting incidents as required by Administrative Rule of

Montana. We appreciate the prompt telephone notifications we have received throughout the course of the year as consumers have had major incidents or have had to be hospitalized for physical or psychiatric reasons.

C. WORK/DAY/COMMUNITY EMPLOYMENT

Accomplishments

-RSS provides an in-home retirement and community integration program to eleven individuals, who, by virtue of their age or their desire not to be included in congregate work facilities, have the opportunity to be served at home or in the community during the day. The program plans for two of these people were sampled for this review.

Programmatic Deficiencies

-No significant deficiencies were note.

Corrections to Deficiencies

-No corrective plans for deficiencies are required.

I. HEALTH AND SAFETY

Vehicles–see above under residential.

Consumers–no health and safety concerns were noted for the individuals served in the retirement/community integration program.

Medication Safety--see above under residential.

Sites–see above under residential.

II. SERVICE PLANNING AND DELIVERY

Individual Planning

–The programs for two individuals (DN; Constellation, and VLD; Panners) were reviewed for this quality assurance report. In both instances, the residential and retirement/community integration plans were the same; therefore, the comments above under residential apply also to the day program.

Leisure/Recreation

-Daily leisure activities and weekly recreational activities were documented for both individuals reviewed. However, during random drop-in visits throughout the year, there seemed to be a lot of “down-time” in the homes. RSS is encouraged to explore additional activities both within the home and in the community to further enhance the lives of the

folks who are served in this program.

Client Rights
-See comments above under residential.

Medical Health Care
-See comments above under residential.

Emotional Responsible Care Giving
-See comments above under residential.

Consumer Surveys
-See comments above under residential.

Agency' consumer satisfaction surveys
-See comments above under residential.

III. STAFFING

Screening/Hiring
-See above under residential.

Orientation/training
-See above under residential.

Ratios
- Staff to client ratios were reviewed on a monthly basis and on different days at Panners and Constellation Group Homes, where Retirement and Community Integration Programs are located, and RSS was found to be in substantial compliance with contract requirements with the following exception:
-11/1/04: Day program ratio at Panners was 2:4 and needed to be 2:3 (QAOS # 2-I). **No further staff shortages were found.**

Staff Surveys
-See above under residential.

IV. INCIDENT MANAGEMENT

Adult Protective Services
-See above comments under residential.

Incident Reporting
-See above comments under residential.

Follow-up to recommendations for previous Quality Assurance Report:

-Install decks and/or patios at the back doors of Panners and Stillwater so that consumers who use wheelchairs can have easy access to the outdoors. This is in progress at Panners.
-Group Home managers maintain documentation of the reviews they are doing of objectives. As of this review, this did not appear to be happening. See QAOS #7-I, 10-I, 11-I, and 12-I. This could be addressed through the agency response to QAOS #3, requesting a policy regarding supervision of staff.
-Agency internal monitoring and quarterly review of objectives be widened in scope to include a review of objectives stipulated in rights restrictions. See comments in preceding paragraph.

Conclusion

Findings open:

-Agency policy ensuring supervision of staff (QAOS #3)–due 6/30/05.

Findings closed:

-All other findings identified in this report are closed.